DR. KATE NEWCOMB CONVALESCENT CENTER

301 ELM, P.O. BOX 829

WOODRUFF 54568 Ownershi p: Non-Profit Corporation Phone: (715) 356-8888 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 65 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 65 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 60 Average Daily Census: 62 ******************** ************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6. 7	More Than 4 Years	20. 0
Day Services	No	Mental Illness (Org./Psy)	48. 3	65 - 74	6. 7		
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	33. 3	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	41.7	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	3. 3	95 & 0ver	11. 7	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0. 0	ĺ	Í	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	1. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	21.7	65 & 0ver	93. 3		
Transportation	No	Cerebrovascul ar	5. 0			RNs	14. 0
Referral Service	No	Di abetes	3. 3	Sex	%	LPNs	4. 5
Other Services	No	Respi ratory	1. 7		·i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 0	Male	30. 0	Ai des, & Orderlies	53. 1
Mentally Ill	No			Femal e	70. 0		
Provi de Day Programming for	i		100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	.		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	2. 2	115	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 7
Skilled Care	0	0.0	0	43	95. 6	98	0	0.0	0	15	100.0	135	0	0.0	0	0	0.0	0	58	96. 7
Intermedi ate				1	2. 2	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		45	100.0		0	0.0		15	100.0		0	0.0		0	0.0		60	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
beachs builting kepolicing relifou				Needi ng		Total					
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of				
Private Home/No Home Health	5. 1	Daily Living (ADL)	Independent	One (r Two Staff	Dependent	Resi dents				
Private Home/With Home Health	15. 4	Bathing	10.0		56. 7	33. 3	60				
Other Nursing Homes	30.8	Dressi ng	8. 3		25. 0	66. 7	60				
Acute Care Hospitals	35. 9	Transferring	25. 0		38. 3	36. 7	60				
Psych. HospMR/DD Facilities	0.0	Toilet Use	20. 0		38. 3	41. 7	60				
Rehabilitation Hospitals	0.0	Eati ng	66. 7		20. 0	13. 3	60				
Other Locations	12.8	***************	******	******	******	********	******				
Total Number of Admissions	39	Continence		%	Special Treat	ments	%				
Percent Discharges To:		Indwelling Or Externa	al Catheter	5. 0	Receiving R	espi ratory Care	10. 0				
Private Home/No Home Health	5. 1	Occ/Freq. Incontinent	t of Bladder	70. 0	Recei vi ng T	racheostomy Care	1. 7				
Private Home/With Home Health	15. 4	Occ/Freq. Incontinent	of Bowel	41.7	Receiving S	ucti oni ng	1. 7				
Other Nursing Homes	7. 7				Recei vi ng 0	stomy Care	0. 0				
Acute Care Hospitals	10. 3	Mobility				ube Feeding	1. 7				
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	i	0. 0	Recei vi ng M	echanically Altered Diets	36. 7				
Rehabilitation Hospitals	0.0										
Other Locations	17. 9	Skin Care				t Characteristics					
Deaths	43.6	With Pressure Sores		8. 3		e Directives	76. 7				
Total Number of Discharges		With Rashes		1. 7	Medi cati ons						
(Including Deaths)	39				Recei vi ng P	sychoactive Drugs	55. 0				

	Thi s	0ther	Hospital-	1	Al l
	Facility		acilities		lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 4	88. 1	1. 08	84. 6	1. 13
Current Residents from In-County	55. 0	83. 9	0. 66	77. 0	0.71
Admissions from In-County, Still Residing	38. 5	14. 8	2. 60	20. 8	1.85
Admissions/Average Daily Census	62. 9	202. 6	0. 31	128. 9	0.49
Di scharges/Average Daily Census	62. 9	203. 2	0. 31	130. 0	0.48
Discharges To Private Residence/Average Daily Census	12. 9	106. 2	0. 12	52. 8	0. 24
Residents Receiving Skilled Care	98. 3	92. 9	1. 06	85. 3	1. 15
Residents Aged 65 and Older	93. 3	91. 2	1. 02	87. 5	1.07
Title 19 (Medicaid) Funded Residents	75. 0	66. 3	1. 13	68. 7	1.09
Private Pay Funded Residents	25. 0	22. 9	1. 09	22. 0	1. 14
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	48. 3	31. 3	1. 54	33. 8	1.43
General Medical Service Residents	15. 0	20. 4	0. 73	19. 4	0.77
Impaired ADL (Mean)*	56 . 7	49. 9	1. 14	49. 3	1. 15
Psychological Problems	55. 0	53. 6	1. 03	51. 9	1.06
Nursing Care Required (Mean)*	7. 7	7. 9	0. 97	7. 3	1.05